

United States of America  
Department of Transportation — Federal Aviation Administration  
**Supplemental Type Certificate**

*Number* SA4123SW

*This certificate, issued to* Falcon Jet Corporation  
P.O. Box 967  
Little Rock, Arkansas 72203

*certifies that the change in the type design for the following product with the limitations and conditions*  
FAR 25  
*therefor as specified hereon meets the airworthiness requirements of Part 21.291 of the* Federal Aviation  
*Regulations.*

*Original Product — Type Certificate Number:* A46EU  
*Make:* Dassault-Breguet  
*Model:* Mystere-Falcon 50

*Description of Type Design Change:*  
Installation of Aft Equipment Rack in accordance with Drawing List No. F50-01063,  
Revision C dated 5/18/84, or later FAA approved revision.

*Limitations and Conditions:*

Compatibility of this modification with other previously approved modifications  
must be determined by the installer.

*This certificate and the supporting data which is the basis for approval shall remain in effect until sur-  
rendered, suspended, revoked, or a termination date is otherwise established by the Administrator of the  
Federal Aviation Administration.*

*Date of application:* September 5, 1979

*Date reissued:*

*Date of issuance:* May 14, 1980

*Date amended:* 7/7/81; 6/28/83; 5/18/84  
Revision 3

*By direction of the Administrator*



*For* L. B. Andriesen (Signature)

Manager, Aircraft Certification Division

Southwest Region (Title)

Any alteration of this certificate is punishable by a fine of not exceeding \$1,000, or imprisonment not exceeding 3 years, or both.

INSTRUCTIONS: The transfer endorsement below may be used to notify the appropriate FAA Regional Office of the transfer of this Supplemental Type Certificate.

The FAA will reissue the certificate in the name of the transferee and forward it to him.

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## TRANSFER ENDORSEMENT

Transfer the ownership of Supplemental Type Certificate Number \_\_\_\_\_

to *(Name of transferee)* \_\_\_\_\_

*(Address of transferee)* \_\_\_\_\_  
*(Number and street)*

\_\_\_\_\_  
*(City, State, and ZIP code)*

from *(Name of grantor)* *(Print or type)* \_\_\_\_\_

*(Address of grantor)* \_\_\_\_\_  
*(Number and street)*

\_\_\_\_\_  
*(City, State, and ZIP code)*

Extent of Authority (if licensing agreement): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Transfer: \_\_\_\_\_

Signature of grantor *(In ink)*: \_\_\_\_\_